## Case:17-03283-LTS Doc#:17864-1 Filed:08/17/21 Entered:08/17/21 13:04:46 Desc: Pro se Notices of Participation Page 1 of 109

Participant must provide all of the information below in English:

1.

Date

Participant's contact information, including email address, and that of its counsel,

if any:	*	61		
Participant's Name:	largarita	Velazquez axta-Apto.41	Ve	ga
			7 San	Sexman, P.R.
Participant's Email Address:	setholan722	agmail.com	00683	-4542
Name of Counsel:	NA	eco		<u> </u>
Address of Counsel:	NA	2		
Email Address of Counsel:	MA	ud 44	STREE STREE	VED .
2. Participant's Clai	m number and the na	ature of Participant's C	Sand Control	proceeds
Claim Number:	7-84-32	83-LTS	3 E C C	n 🖯 🤏
Nature of Claim:		8		_ #
Ву: 145	24	009 NFI	E 1 6Z(	010005/20/21 0855
Signature	v	ELAZQUEZ VEGA M 51 AVE CASTO PE	ARGARITA REZ APT	417
Margarita Vellizque Print Name	er Vega	C: 90683454217	Jan 2001 100 100	-08713-20-24
Secretary	2	The same of the sa	. w Ad	The state of the s
Title (if Participant is not	an individual)	Ne	. ul Ha	10 7622
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San German J. 2.00683-4542 smas de Sta. Marta Margan ta Velazquez 1 Ave. Casto Perer Apt. 417 United States District Court deck San Juan, P.R. 10918-1767 150 Ave Carlos Chardon Ste. 150 14 AUG 2021 PM 1 Second Se SAN JUAN PR

### Case:17-03283-LTS Doc#:17864-1 Filed:08/17/21 Entered:08/17/21 13:04:46 Pro se Notices of Participation Page 3 of 109

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:	
Participant's Name: Maria M. Relvis Luchetty	
Participant's Name:  AGHA M. REVIS Luchetty  Participant's Address:  He-1 Bex 6680-Homispers P.A. Vollan	
Participant's Email Address:	
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's Claim number and the nature of Participant's Claim: Claim Number:	
Nature of Claim:  By:  Maria M. Belvickychetty  Print Name  Title (if Participant is not an individual)  Date	

Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in In re Commonwealth of Puerto Rico, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are <u>not</u> represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

Hormi Guenos P. ROOLLO-9714 Kells office. United STATES Visi Levils office 150 Ave Carles Charles Just, P.R. 00918-1767 ``« մրեկվիվոկմին կարձվերի իրել հիրել և չ SAN SOFFICE SAN SOFFI SAN Hd ES :S SECEINED & FILED

## Case:17-03283-LTS Doc#:17864-1 Filed:08/17/21 Entered:08/17/21 13:04:46 Desc: Pro se Notices of Participation Page 5 of 109

Participant must provide all of the information below in English:

1.

Date

Participant's contact information, including email address, and that of its counsel,

if any: Lillyvette Othe Busigo Participant's Name: 1033 calle 18 Villa Nevarez San Juan PR 00927 Participant's Address: lilly busique & gmail. com Participant's Email Address: NA Name of Counsel: NA Address of Counsel: NA Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: 102934 Claim Number: Aportaciones Acumuladas Nature of Claim: Signature Print Name Title (if Participant is not an individual) 8-11-2021

San Juan, PR 00927

San Juan PR 00918-1767

150 Ave. Carros Chardon Stc. 150

Chrk's Office Jnited State District

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#### Case:17-03283-LTS Doc#:17864-1 Filed:08/17/21 Entered:08/17/21 13:04:46 Desc Pro se Notices of Participation Page 7 of 109

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any: Eva Judith Rodriguez Quiñones Participant's Name: D-6-1 Urb. Barinas Yauco P.R. 00698 Participant's Address: Participant's Email Address: Eirg @ Hot Hail . com Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: 2. 17 BK 32 93 LTS Claim Number: 17 BK 35 66 LTS Nature of Claim: By: Eva Judith Rodriguez Quiñones Title (if Participant is not an individual) 3 de agosto 2021

Ein J. Religney Ocinere D.G. 1 les Bainas Janos, P.R. 00698

0918178 018

La Office Carlos Charles 54 150 00 18-1767



#### 

Participant's contact information, including email address, and that of its counsel,

Participant must provide all of the information below in English:

1.

if any: Participant's Name: Participant's Address: Participant's Email Address: Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: 2. Claim Number: Nature of Claim: By: Signature Title (if Participant is not an individual)

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Son Juan Red Aico Dogles Stews Stews Stews Stews Stews of Stews St

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## Case:17-03283-LTS Doc#:17864-1 Filed:08/17/21 Entered:08/17/21 13:04:46 Desc: Pro se Notices of Participation Page 11 of 109

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:					11
Participant's Name:	DENNISS	EI	Santo	5 /1/	1/mi
Participant's Address:	543 Sa.	Sen Sen	soci Rd	Londo	n /< 9
Participant's Name: Participant's Address: Participant's Email Address:	ramirez_	ACLOUNTI	ng D 140	TMAIL (	DM
Name of Counsel:					
Address of Counsel:					
Email Address of Counsel:					
2. Participant's C Claim Number:  Nature of Claim:	laim number and the MO. 17	he nature of Parti			
By: Messure  Signature  Pennisse  Print Name  Title (if Participant is	Santos  not an individual)  to 2021		SAN JUAN. P.S.	TIZI AUG 16 PN 5: 53	

543 Sasser School Rd Landon Jennisse Sontes 13 AUG 2021 PM 1 Section of the control of the contro P. P. 108918-1767

## Case:17-03283-LTS Doc#:17864-1 Filed:08/17/21 Entered:08/17/21 13:04:46 Desc: Pro se Notices of Participation Page 13 of 109

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and	I that of its counsel,
if any:	<u></u>
Participant's Name: Welisse lorregrosa Enchr	zu lequi
Participant's Address: 1323 Troxell st. Allentown, T	PA 18109
Participant's Email Address: Welissetoviegrasa DIIY agmail. Com	
Name of Counsel: Departamento de la to	amilia
Address of Counsel: San Juan Puerto Rio	00936
Email Address of Counsel:	
2. Participant's Claim number and the nature of Participant's Cla	im:
Claim Number: 17 BL 3283 - LT	5
Nature of Clajim:	
By: Iteline Pelleyon Enchantejui	RECEIVI 2021 AUG CLERK S.DISTI
Signature	SELVE SELV SELV
Velisse ovvegrosa inhantequi	
Print Name	2
	SH WE
Title (if Participant is not an individual)	55
10 agosto 2021	
Date	

Allentown, PA 18 109

Son Juan Phice Condos Chardon Stee 50

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#### Case:17-03283-LTS Doc#:17864-1 Filed:08/17/21 Entered:08/17/21 13:04:46 Desc: Pro se Notices of Participation Page 15 of 109

Participant must provide all of the information below in English:

<ol> <li>Participant's contact information, including email address, and that of its counsel, if any:</li> </ol>
Participant's Name: Ana O. Collazo Bernudez
Participant's Address: Town House R-4-7, Coamo, P.R. 007
Participant's Email Address:
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 95687
Nature of Claim: Ley Promeso Title Title
By: Ana C. Aska Seemis Signature
Ana D. Collazo Bernudez Print Name
Title (if Participant is not an individual)
Agust 9, 2021

URB. Town House R-4" Damo, P.R. 00769 8. Collaro Bermadez

COSTEDATORISMINIMINALIMI United States District 50 Ave. Carlos Chardon Ste.

SAN JUAN PR

#### Case:17-03283-LTS Doc#:17864-1 Filed:08/17/21 Entered:08/17/21 13:04:46 Desc: Pro se Notices of Participation Page 17 of 109

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

ir any:	
Participant's Name:	Ana D. Collazo Bernudez
Participant's Address:	Town House R-4-7 Coamo PR 0076
Participant's Email Address:	NIA
Name of Counsel:	N/A
Address of Counsel:	DE CELL
Email Address of Counsel:	WED VED
2. Participant's C	laim number and the nature of Participant's Claim:
Claim Number:	101373
Nature of Claim:	issert liabilities with Common wealth of PR
By: <u>June 4 Cellon</u> Signature	& seines
Ana O. Coll Print Name	a 20 Bern u der
Title (if Participant is r	uot an individual)
August 9,	2021

ANA 8. Collars Bermide URB. Town House R-47 Coamo, P.R. 00769

SAN JUAN PR

United States District Courts

50 Ave. Carlos Chardon Ste.

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## Case:17-03283-LTS Doc#:17864-1 Filed:08/17/21 Entered:08/17/21 13:04:46 Desc: Pro se Notices of Participation Page 19 of 109

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

Participant's Name:

Participant's Address:

Town House R-4-7, Coamo, P.R. 00769

Participant's Email Address:

Name of Counsel:

Address of Counsel:

2. Participant's Claim number and the nature of Participant's Claim:

10 95 49

Claim Number:

Nature of Claim:

Liahility Trom Employee Reterement

By:

And Ode the Collaro Bermuder

Print Name

Title (if Participant is not an individual)

Agust 9, 2021

ANA B. Collars Bermidez URB. Town House R-47 Coamo, P.R. 00769

United States District Courts
150 Ave. Carlos Chardon Ste.

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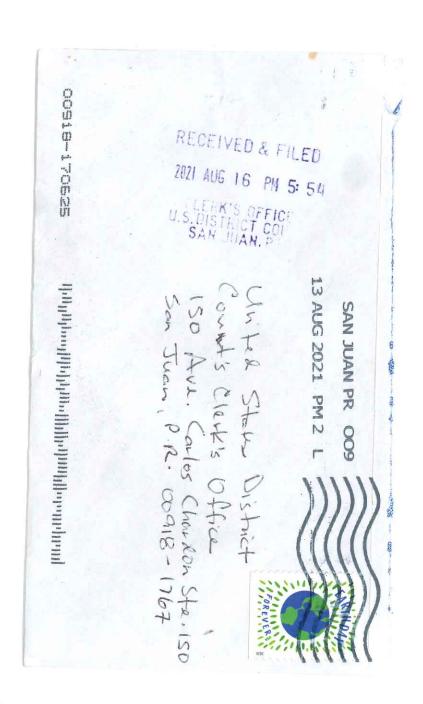
## Case:17-03283-LTS Doc#:17864-1 Filed:08/17/21 Entered:08/17/21 13:04:46 Desc: Pro se Notices of Participation Page 21 of 109

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

La Montañez
& Calle 27 K30 Cagua
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ticipant's Claim:
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#### Case:17-03283-LTS Doc#:17864-1 Filed:08/17/21 Entered:08/17/21 13:04:46 Desc Pro se Notices of Participation Page 23 of 109

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any: Ruth M. Delgad Participant's Name: 1216 Azurena Participant's Address: Participant's Email Address: Round Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: 2. Claim Number: Nature of Claim: Signature Print Name Title (if Participant is not an individual)

Telle Arycena
12/16 Arycena
14/14 PD

s Chardon Ste, 150 PR 00918-1967

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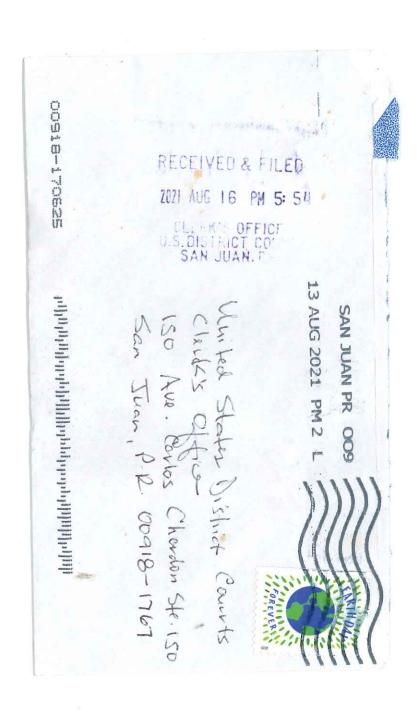
## Case:17-03283-LTS Doc#:17864-1 Filed:08/17/21 Entered:08/17/21 13:04:46 Desc: Pro se Notices of Participation Page 25 of 109

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:			
Participant's Name:	Morganta	Montanez	Maldonadr
Participant's Address:	Tr Calla	Montanez Vizcarrondo	Saguas, P.R. 00
Participant's Email Address:			
Name of Counsel:			
Address of Counsel:			
Email Address of Counsel:			Z R
2. Participant's C	laim number and the na	ature of Participant's C	AUG CEIVE
Claim Number:			100 5 日
Nature of Claim:			THE SET
By: War out	hundary		5: 5 <b>4</b>
Print Name	Montane	7	
	the second		
Title (if Participant is	not an individual)		
8/12/21	Post politica.		
Date			



Case:17-03283-LTS Doc#:17864-1 Filed:08/17/21 Entered:08/17/21 13:04:46 Desc: Pro se Notices of Participation Page 27 of 109

Participant must provide all of the information below in English:

1.	Participant's if any:	contact informatio	n, including ema	il address, and	that of its	couns	el,
Participant's N		AMAUR	Y GOME? 0X 11955 1	Z RAM	IREZ	7	_
Participant's A	ddress:	HC 11 Bo	X 11955 1	HUMACA	OPR	400	791
Participant's E	mail Address	amoury_gom	ezvomirez@	Pockethui	1. Com	<del> </del>	
Name of Coun	sel:	Hermann	D. Bayer				
Address of Co	unsel:	250 MUNOZ	RIVERA	ave. Sui	te 800	San	Twn P.
Email Address	of Counsel:	+					
Claim Number Nature of Clair By: Am Signatu Print N	m:  May Hours  AURY Go  ame	Claim number and  17 BK 3  MEZ Falm  MEZ RAM  anot an individual	183-L	TS	2021 AUG 16 PM 5: 54	RECLIVED & FILED	
Porto	le Agos	sto de 20	21	· ,			

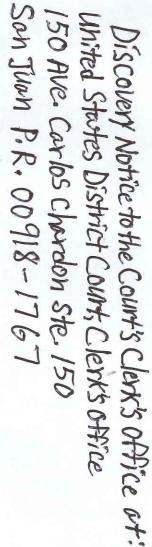
HUMACAO P.R. 00791-9432

AMAURY GOMEZ RAMÍREZ

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# Case:17-03283-LTS Doc#:17864-1 Filed:08/17/21 Entered:08/17/21 13:04:46 Desc: Pro se Notices of Participation Page 29 of 109

Participant's contact information, including email address, and that of its counsel,

Participant must provide all of the information below in English:

1.

if any:	
Participant's Name:	Raymond Mangual Perer
Participant's Address:	Po Box 1074 Isabela, P.R. 00662
Participant's Email Address:	raymond. marquelle yahoo.com
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's C	laim number and the nature of Participant's Claim:
Claim Number:	17BK 3283- LTS
Nature of Claim:  By:  Signature  Print Name	The Financial Dersyst and Managent But Purch the Son
Title (if Participant is a  8-13-2021  Date	not an individual)

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CLERK'S OFFICE U.S.DISTRICT COUP SAN JUAN, P.F. Raymond Margual Perès Po 80x 1074 Isabala, P.R. 00662

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#### Case:17-03283-LTS Doc#:17864-1 Filed:08/17/21 Entered:08/17/21 13:04:46 Desc Pro se Notices of Participation Page 31 of 109

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

ir any:	_
Participant's Name:	Angel L. Valentin Duiles
Participant's Address:	San Schastlong PR 00688
Participant's Email Address:	Contabilidadelasea@yshoo.com
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's C	Claim number and the nature of Participant's Claim:
Claim Number:	H 169956
Nature of Claim:	Debts Claimed Dopostment of Agriculture
By: Angel 2.1/2	alentic Puites
Signature	Alexander of the state of the s
Print Name	A STORY OF THE PROPERTY OF THE
Self Appli	cont 5
Title (if Participant is	not an individual)
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SAN JUAN, PR 00918-1767

150 AVE. CARLOS CHARDON STE. 150,

OFFICE

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UNITED STATE DISTRICT COURT, CLERK'S NOTICE TO THE COURT'S CLERK'S OFFICE AT:

13 AUG 2021 PM 2 L



Case:17-03283-LTS Doc#:17864-1 Filed:08/17/21 Entered:08/17/21 13:04:46 Desc: Pro se Notices of Participation Page 33 of 109

SRF 55335

1.

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

if any:					
Participant's Name:	Willia	nn Wa-	tte/	W 1	
Participant's Address:	1 Bart	el P	lace		- AI -
Participant's Email Address:	Pinty	470	OPID	NETWA	NE
Name of Counsel:				- 1 50	
Address of Counsel:				· · · · · · · · · · · · · · · · · · ·	
Email Address of Counsel:			1 T	•	
2. Participant's C	laim number and the nat	ure of Participal	nt's Claim: 283 - 1	LTS	
Nature of Claim:	OWN 5M-	CUSIN	745	1456	M2 H5
By: Signature WW	chan Walter		FSAN JUL	ACEIVED P	77 0
Print Name	Color of the color			r A	
Title (if Participant is	not an individual)				
Date					



Mr. William S. Wattel 1 Bartel Pl Huntingth Sta, NY 11746

Secretary of the control of the cont 105 60918-1767

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#### Case:17-03283-LTS Doc#:17864-1 Filed:08/17/21 Entered:08/17/21 13:04:46 Desc Pro se Notices of Participation Page 35 of 109

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:
Participant's Name: Angeles del Carmen Miranda Colon  Participant's Address: San Igracio # 1392 altamesa, San Juay P.R.
Participant's Email Address: VGQ 1973@ 9 maile com
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 105212 = 3 = 3
Nature of Claim: Public Employee and Ension/Retiree Claim
By: Angelo Minh alin
Signature
Hogeles Miranda Colon Print Name
OPE CALL AND A STATE OF THE STA
Title (if Participant is not an individual)
August 12 2021
Date J

U.S. DISTRICT SAN JUAN 13 AUG 2021 PM 2 

SAN JUAN PR 009

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## Case:17-03283-LTS Doc#:17864-1 Filed:08/17/21 Entered:08/17/21 13:04:46 Desc: Pro se Notices of Participation Page 37 of 109

Participant must provide all of the information below in English:

<ol> <li>Participant's contact information, including email address, and t if any:</li> </ol>	
Participant's Name:  Angeles del Carmen Mirane  Participant's Address:  San Ignacio St. # 1392 Altan  Participant's Email Address:  V9 9 1973 @ G monil. Com	la Colón
Participant's Address: San Ignacio St. # 1392 alta	mesa, 5.J., P.R.
Participant's Email Address: V9 9 1973 @ G Moil Com	
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's Claim number and the nature of Participant's Claim	m:
Claim Number: 105 212	10 10 10
Nature of Claim: Public Employee and Pension	/Retiree Claims
Signature	
Angeles Miranda Color	
Print Name	
Title (if Participant is not an individual)	
agust 12 2021	
Date	

macio St.# 1392 U.S. DISTRICT SAN JUAN 13 AUG 2021 PM 2 SAN JUAN PR 009 Case:17-03283-LTS Doc#:17864-1 Filed:08/17/21 Entered:08/17/21 13:04:46 Desc: Pro se Notices of Participation Page 39 of 109

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:	191	and the first Follows
Participant's Name:	Medelica Entrevas (	
Participant's Address:	HC-12 BOX 5658 H	umarao P. R 0079
Participant's Email Add	ress:	
Name of Counsel:	Market Control	
Address of Counsel:		
Email Address of Couns	sel:	
2. Participa	nt's Claim number and the nature of Particip	pant's Claim:
Claim Number:	NO.17 BK 3283-LT.	5
Nature of Claim:	Promesa Title III	
By:	Company of the Compan	PECELVED PAI AUG 10 18 JUSTIN
Signature		S. D. S. D. S. D. S. S. D. S. S. D. S. S. D. S. S. S. D. S.
Medelien	a Contrevas Garcia	量 5 日
Print Name	influence organization and	RACE RE
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Title (if Participa	ant is not an individual)	3 5
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Date		

HC-12 Box 5658 CLERK'S OFFICE U.S.DISTRICT COUP SAN JUAN, P. R

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#### Case:17-03283-LTS Doc#:17864-1 Filed:08/17/21 Entered:08/17/21 13:04:46 Desc Pro se Notices of Participation Page 41 of 109

Participant's contact information, including email address, and that of its counsel,

Participant must provide all of the information below in English:

if any:				
Participant's Name: RENE JORRES VITE			0	
Participant's Address: Quintas de Monservate	2 F-	- le ;	for.	ice,
Participant's Email Address: Vanessa torres 23 @ hotmail.	COM		PK	000
Name of Counsel:	<del></del>			
Address of Counsel:		13 1		
Email Address of Counsel:				
2. Participant's Claim number and the nature of Participant's Claim:				
Claim Number:				
Nature of Claim:				
By: Source Ostin				
Signature	Corn	287	10	
RENE TORDES DATE	\$25 45 45 45 45 45 45 45 45 45 45 45 45 45	A	CEIV	jt
Print Name	三五	<u></u>	$\leq$	
	299	0)	80	
Title (if Participant is not an individual)	<b>200</b>	ĈĬ Ŗ	71	
the state of the s	100		177	



## Case:17-03283-LTS Doc#:17864-1 Filed:08/17/21 Entered:08/17/21 13:04:46 Desc: Pro se Notices of Participation Page 43 of 109

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

ii aliy.				
Participant's Name: Alicia Goadalope Mo	irtine	2		
Participant's Address: P. O BOY 1059 Cato				009
Participant's Email Address: alicia guadalupem 31 agmail com				_
Name of Counsel:	,			_
Address of Counsel:				_
Email Address of Counsel:			-	_
2. Participant's Claim number and the nature of Participant's Cl	aim:			
Claim Number: 64847				
Nature of Claim: <u>Pension   Retiree Claims</u>				<u>==</u> :
By: <u>Aliaa Huadauya mand</u> Signature	S.U.S.U.	7021 A	RECE	
Alicia Guadalupe Martine 2 Print Name	AN JUNE	91.30	RECEIVED & FILED	
Title (if Participant is not an individual)	Person	PM 5: 5		
13 agosto 2021		55	The second	
Date				

<u>Instructions for Filing Notice of Participation</u>: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are <u>not</u> represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

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P.R 00963

00919-170625

San Juan, P.R. 00918-1767 Court, Clerk's Office



SAN JUAN PR

#### Case:17-03283-LTS Doc#:17864-1 Filed:08/17/21 Entered:08/17/21 13:04:46 Desc Pro se Notices of Participation Page 45 of 109

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

Luisa M. Santos Rodriguez	
Calle 28 A TTS Uto Villas de Loira Canovanas	00720
Luzmarie 78@yahoo.com	
Committee Commit	CALL SHEET WAS AND THE
laim number and the nature of Participant's Claim:	
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not an individual)	
	Luzmanie 78@yahoo.com  Plaim number and the nature of Participant's Claim: 8 73588  Pension   Refiree Claims 8 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7

Uillas de Loiza anovanes P.R 00129 Juisa H. Santos Roz Inited States District Court, clares 180 Ave. Carlos Chardon Ste. 1802-19 300 18-1767 300 18-1767 300 18-1767 13 AUG 2021 PM 2 SAN JUAN PR 009 RECEIVED & FILED

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any: Participant's Name: Participant's Address: Participant's Email Address: (053 n Name of Counsel: Address of Counsel: Email Address of Counsel: 2. Participant's Claim number and the nature of Participant's Claim: Claim Number: Nature of Claim: Title (if Participant is not an individual)

Donerio, J. R. 00782 252 COSTEMIZOR COTE Ave. Carlos Suan, P.R. 00918-1767 Chardon sto LERK'S OFFICE DISTRICT COUR SAN JUAN, T 59 :S Wd 91 904 EINED & FILED

## Case:17-03283-LTS Doc#:17864-1 Filed:08/17/21 Entered:08/17/21 13:04:46 Desc: Pro se Notices of Participation Page 49 of 109

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:				
Participant's Name:	Zoraida Golon	Course		h .1
Participant's Address:	to el comendante # 5	49-C/Sa	n Vam	ian
Participant's Email Address:	Zoolon 981e grail.	com.		
Name of Counsel:	Comment Puer	no Price	)	
Address of Counsel:	P.R.			
Email Address of Counsel:	- anarge()	<u> </u>	<b>E E</b>	William Co.
2. Participant's C	laim number and the nature of Partic	ipant's Claim:	AUG 16	
Claim Number:	Zoraida Colon	Garage	20	
Nature of Claim: By:	# 114949	707	\$ 55	
Signature				
Zoraida Cdon Print Name	Coarcia			
Title (if Participant is a				
Le-agosto - 2 Date Hare:	021. 1203 am			

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CLERK'S OFFICE U.S.DISTRICT COURT SAN JUAN, PR Zoraida Colón García 549 Calle San Damían Urbo, El Comandante Carolina, P.R. 10982 - 3428

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United States District Court, Cherk's Office, 150 Ave. Carlos Chardon
Ste. 150, San Juan P.R. 00918-1767.



Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:					
Participant's Name:	Sheila I. H	lartinez	Serra		
Participant's Address:	Las Vegas St	reet 2 C-	22 Cata	ETO P.R. C	00963
Participant's Email Address:	Sheilaive	2 Dgma	il. con	)	
Name of Counsel:	NA			= _1 _1	
Address of Counsel:	NIA	erne)		<b>13</b> 70	
Email Address of Counsel:	NIA		20E	ECE AU	
2. Participant's (	Claim number and the na	ture of Participa	nt's Claim:	AUG 16	
Claim Number:	39303		<b>299</b>	3º Po	T Apple
Nature of Claim:	Retirement	Systems	pension	yclain y	
By: Shich M	cub			On .	
Signature					
Sheila Martin	16				
Print Name					
MA					
Title (if Participant is	not an individual)				
8-11-21					
Date					

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## Case:17-03283-LTS Doc#:17864-1 Filed:08/17/21 Entered:08/17/21 13:04:46 Desc: Pro se Notices of Participation Page 53 of 109

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

if any:	
Participant's Name:	Jorge E. Torres Kirera
Participant's Address:	Jorge E. Torres Rivera Calle Kennedy 718 Usb La Cumbre, San Jan P.Ko
Participant's Email Address:	madpantera e gmail.com
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	- sāūte a
Claim Number:  Nature of Claim:  By:  Signature  Torge & Torre  Print Name  Title (if Participant is	Tank Mark Hander (1997) and the second of th
agosto 10,	2021

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#### Case:17-03283-LTS Doc#:17864-1 Filed:08/17/21 Entered:08/17/21 13:04:46 Desc Pro se Notices of Participation Page 55 of 109

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel.

1.

if any: Participant's Name: Participant's Address: Participant's Email Address: Yveragavcia Name of Counsel: Address of Counsel: Email Address of Counsel: 2. Participant's Claim number and the nature of Participant's Claim: Claim Number: Nature of Claim: By: Title (if Participant is not an individual)

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Case:17-03283-LTS Doc#:17864-1 Filed:08/17/21 Entered:08/17/21 13:04:46 Pro se Notices of Participation Page 57 of 109

Participant must provide all of the information below in English:

1. Participant' if any:	s contact information, including email address, and that of its counsel,
Participant's Name:	Gilda H. Castillo Santiago  Mrb. Sabanera Camino Hiramelindos#414  ciara P.R. 00739
Participant's Address:	Mrb. Sabanera Camino Hiramelindos#414
Participant's Email Addres	s: geastillo 09 @ hotmail.com
Name of Counsel:	Time to the second seco
Address of Counsel:	
Email Address of Counsel:	, allowan
2. Participant's	Claim number and the nature of Participant's Claim:
Claim Number:	KPE 2007 - 4359 \$ 76,950.00
Nature of Claim:  By: Alasture  Signature  Gilda M.  Print Name  Title (if Participant is $\theta/13/202$	Castillo Santiago

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United States District. Court
(Merk's Office Charles Charles Ave. Carlos Chardon St

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## Case:17-03283-LTS Doc#:17864-1 Filed:08/17/21 Entered:08/17/21 13:04:46 Desc: Pro se Notices of Participation Page 59 of 109

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:		
Participant's Name:	Gabriel Martines Bermudez	2
Participant's Address:	Apt 682, Bo. Palomas abajo Sector High	icero Concer
Participant's Email Address:	102/02	
Name of Counsel:		
Address of Counsel:		
Email Address of Counsel:	The state of the s	
2. Participant's C	Claim number and the nature of Participant's Claim:	
Claim Number:	134518	
Nature of Claim.	Public Employee and Pension Fretures	Claims
By: Selbc	3 6 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
Signature	11 D 112 5 F	1
abriel Ma	rtinez Bermudez	j
Print Name		
Title (if Participant is	s not an individual)	
August 10,	2021	

OTATO BOX 1881800 S Ho

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Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:		
Participant's Name:	Jose A. Kosario Díaz	
Participant's Address:	tc-07 Box 34682 Caguas, P.Q. 07	CC
Participant's Email Address:	rosariojase 2000 agmail.com	
Name of Counsel:	NO NO	
Address of Counsel:	OUI	
Email Address of Counsel:	NO NO	
2. Participant's C	Claim number and the nature of Participant's Claim:	
Claim Number:	17BK3283-LTS	
Nature of Claim.	CIVIL#KPE 2007- 4359 (803)	
By:		e e e e e e e e e e e e e e e e e e e
Signature		RE
	esario Diaz	TEIV
Print Name		/E0
No	£90 °	80
Title (if Participant is	not an individual)	T
08/12/21	S. C.	m
Date		Carlos Carlos

Civil Núm.: K PE2007-4359 (803) Segunda Querella Enmendada

Página 3

**AURELIO PAGAN MARRERO** JOSE M. PADILLA MORALES **FELIPE PADILLA VAZQUEZ** ASDRUBAL PASCUAL RODRIGUEZ DEXTER J. PASSALACQUA MATOS JOSE PEDRAZA CAMACHO PIERRE PELET BORDONADA RICARDO PEREZ ORTEGA ABRAHAM PORTALATIN RODRIGUEZ **ENID M. QUETELL DELGAGO** AIDA QUILES DE JESUS RAMON E. RAMIREZ NUÑEZ **EDWIN RAMOS CARRASQUILLO** ANTONIO JUAN RAMOS TORRES **HELSONE RAMOS VALLES** MARITZA RESTO CRUZ VILMA RIVERA COLON GLORIA A. RIVERA FIGUEROA ANDRES RIVERA MARTINEZ AWILDA RIVERA ORTIZ CARLOS J. RAMOS GONZALEZ ROBERTO RIVERA BRAÑA HAYDEE RIVERA GARCIA ANGEL E. RAMOS GARAU ALEA N. RIVERA LOPEZ ALMA I. ROBLES ADORNO PABLO E. RODRIGUEZ CARMELO RODRIGUEZ OCASIO **GRISELLE RODRIGUEZ RODRIGUEZ** GERARDO RODRIGUEZ SANTIAGO WILLIAM JOSE ROIG RODRIGUEZ MARIA DE LOURDES ROLON RIVERA **HUMBERTO ROSA NUÑEZ** ILIANA ROSADO RODRIGUEZ MARIA A. ROSADO SOTO MARIA V. ROSARIO CUEVAS VIVIAN ROSARIO GUZMAN JOSE A. ROSARIO DIAZ JOSE N. ROSARIO PIÑERO ANTONIO SANTOS MARIN **EDWIN SANTOS ORTIZ** SONIA M. SALINAS WANDA SALAZAR CARRASQUILLO RAUL E. SANCHEZ SANTIAGO LUIS 0. SANJURJO NUEZ ANTONIO R. SANTA RIVERA MARIA J. SANTIAGO SILVA RICARDO L. SANTIAGO MIRANDA RAUL SERRANO MALDONADO DAHLIA A. SELLES-IGLESIAS JESSICA SIERRA MORALES MARGARITA SOSA BERRIOS MEFTALI A. SOTO PADRO ANA N. TORO LOPEZ NORA E. TORRES BURGOS **AXEL L. TORRES SERRANO** ANGEL E. TORRES GARAU **EDGAR FELIX TORRES FERNANDO VALLS FERRERO** SAMUEL VALENTIN VEGA ANA C. VAZQUEZ MATOS

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Juan, P.R. 00018-1767

ourt, Clerk's Office, 150

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HC-07 BOX 34682 2002-16-60 B. P. R. OO 727-9420

A. Kosano Diaz









# Case:17-03283-LTS Doc#:17864-1 Filed:08/17/21 Entered:08/17/21 13:04:46 Desc: Pro se Notices of Participation Page 64 of 109

Participant's contact information, including email address, and that of its counsel,

Participant must provide all of the information below in English:

if any:				
Participant's Name:	EvelyN	Feliciano	RiverA	<u> </u>
Participant's Name: Participant's Address: Participant's Email Address	STA JUANI	ta calle 47	AN-25	Bay 12.009
Participant's Email Address	: evelyw	100 100 09	Maril . Ci	m
Name of Counsel:		Mil House		
Address of Counsel:				
Email Address of Counsel:				
2. Participant's	Claim number and th	e nature of Participant	's Claim:	
Claim Number:	17496		The second	
Nature of Claim:	Empleados	Pullicos 1	Commo	PRTC
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Signature	2	the site wasterns	S.C.	RESELLATION AND AND AND AND AND AND AND AND AND AN
Frint Name	AND HUERA		X52	AED AED
	<u> </u>		295	P P
Title (if Participant is	not an individual)		225	S E
8/13/2/ Date			128	0
Date			J	

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## Case:17-03283-LTS Doc#:17864-1 Filed:08/17/21 Entered:08/17/21 13:04:46 Desc: Pro se Notices of Participation Page 66 of 109

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

ii any:							
Participant's Name:	Mansol	Badillo (	742			J	×
Participant's Address:	HC-3	Box 839	\$4			<u></u>	74
Participant's Email Address:	mansolb	adillo 51 @	gmail.	om			
Name of Counsel:	Ningu	no	ů.				
Address of Counsel:	No as	plica					
Email Address of Counsel:	No		-	**			
2. Participant's C	laim number an	d the nature of	Participant's	Claim:			
Claim Number:	17 BK 32	183-LTS	(60523)	1499	59	ję,	An-
Nature of Claim:			<u> </u>	(AC)	2021	E	- 13
By: Marie Bar	tillo G	a		A DEST	3	CEIVED	57
Signature				ERG ACC	07		
Mansol Badil	10 Cruz			R TE	10	11 50	
Print Name	7,			T E E	ů		
					56	C	
Title (if Participant is r	not an individua	1)					
11/2905+0/01							
Date	*						

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To: Discovery Notice to the Court's Clerk's United States oisthict court, clerk's 150 Ave. Caylos Chardon Ste. 150

San Juan ON 00918-1767



## Case:17-03283-LTS Doc#:17864-1 Filed:08/17/21 Entered:08/17/21 13:04:46 Desc: Pro se Notices of Participation Page 68 of 109

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:	
Participant's Name:	Jorge H. Valentin Badillo
Participant's Address:	HC3 BOX 8384, MOCABA 00676
Participant's Email Address:	Jorgevalentin 1983 @ gmail. Com
Name of Counsel:	Ninguno
Address of Counsel:	Noaglica
Email Address of Counsel:	No aplica
2. Participant's C	Claim number and the nature of Participant's Claim:
Claim Number:	17 BK 3283-LTS (160734)
Nature of Claim:	
By: Signature	LEDEIV REDEIV
Print Name	not an individual)
Title (if Participant is	not an individual)
Date	

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To:

Discovery Notice of the Court's Clerk's Office United States District Court, Clerk's Office 150 Ave. Carlos Chardon Ste. 150

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San Juan PA 00918 - 1767

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## Case:17-03283-LTS Doc#:17864-1 Filed:08/17/21 Entered:08/17/21 13:04:46 Desc: Pro se Notices of Participation Page 70 of 109

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

if any

n any.		
Participant's Name:	Jorge H. Valentin Soto	
Participant's Address:	HC-3 BOX 8384, MOCA PR 00676	
Participant's Email Address:	Josgehlubatina gmail. Go	M
Name of Counsel:	Ninguno	E 2
Address of Counsel:	Ninguno	
Email Address of Counsel:	Noaplica	
2. Participant's C	Claim number and the nature of Participant's Claim:	
Claim Number:	17 BK 1283 - LTS (119981)	
Nature of Claim:	55-F	ECE .
By: Ange W. Cheferte	TRIS TRIS TO T	IVED &
Jorge H. Vale	ntin Soto	ED & FILED
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Title (if Participant is	not an individual)	
111 agosto 21 Date		
Date		

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Mansol Badillo (ruz CLERK'S OFFICE S.DISTRICT COUR? SAN JUAN, P.R.

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## Case:17-03283-LTS Doc#:17864-1 Filed:08/17/21 Entered:08/17/21 13:04:46 Desc: Pro se Notices of Participation Page 72 of 109

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel,	
Participant's Name: Lacenson E. Poter-Cruz	
Participant's Address: POBOK 88 Dorado, PRO0646	
Participant's Email Address: gardeniaa 1808 29 mail, com	
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's Claim number and the nature of Participant's Claim:	
Claim Number: Promesa Titulo III No. 17 BK 3283 LTS	
Nature of Claim: Employees Retirement Systein of the Cov. of. Co	35
By: Carrier E. Psiz Cury Signature	1
Print Name Craz	
Time Name	16
Title (if Participant is not an individual)	
August 11, 2021	

fo Box 88 Dorado, PRO0646

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United States Bistrict Cour

Clerk's Office, 150 Ave. Carlos Chair San Juan, P.R. 00918-17675



SAN JUAN PR 009

Participant's contact information:

PARTICIPANT'S NAME: EVELYN LAFONTAINE VÉLEZ

PARTICIPANT'S ADDRESS: URB. TANAMA 167 CALLE CUBA 167 ARECIBO, PR

00612

PARTICIPANT'S EMAIL ADDRESS: lafdanae@gmail.com

Participant's claim number and nature of participant's claim:

CLAIM NUMBER: 17-bk- 03283 / 17-bk-03566 / 60989 / 26462

NATURE OF CLAIM:

By: labor claim: job reclassification, salary adjustment and Christmas

voucher

Signature

**Evelyn Lafontaine** 

Print name

08/11/2021

Date

167 Palle Cuba Wb. Tarama miss, p.p. 000 12

Discovery Notice to the Court's Clark's office att: United States Distact, Court, Clerk office 150 Ave. Carlos Churdon Ste. 150 San Juan, P. R. 00918-9767 

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SAN JUAN PR 009

## Case:17-03283-LTS Doc#:17864-1 Filed:08/17/21 Entered:08/17/21 13:04:46 Desc: Pro se Notices of Participation Page 76 of 109

1.

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

II ally.						
Participant's Name:	Maria C	Reyes	Cotto	)	i	THE STATE OF THE S
Participant's Address:	4C-03 B	672P XO	Gura	60	PR	0017
Participant's Email Address:	mariacris	tina 1950 a	Slive.c	200	_	
Name of Counsel:	Discovery N	latice to-	the Co	urt	·Cl	<u>e</u> rk
Address of Counsel:	1.S.D.C, C	lerks off	ice	~~~		- 1
Email Address of Counsel:		mini				
2. Participant's Cla	aim number and the	nature of Participan	t's Claim:			
Claim Number:	17 BK 32	283-LTS				
Nature of Claim:	Jointly +	Administe	red	gri.		
By: Signature  Varia C-Re  Print Name  Title (if Participant is no	yes Cotto		CLERK'S OFFICE U.S. DISTRICT COUR SAN JUAN. P.H.	2021 AUG 16 PM 5: 5	RECEIVED & FILED	
8-11-2021 Date m	ac.l Chr.			6		

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### Case:17-03283-LTS Doc#:17864-1 Filed:08/17/21 Entered:08/17/21 13:04:46 Desc: Pro se Notices of Participation Page 78 of 109

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel, if any: Jessica Isaac Elmadah Participant's Name: C/13 J-4 Urb- Metropolis Carolina 00987 Participant's Address: Participant's Email Address: elmadah, jessica ogmai Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: 2. Claim Number: Public Employee and Pension / Retiree Claims Nature of Claim: By: Print Name Title (if Participant is not an individual) 8-4-2021

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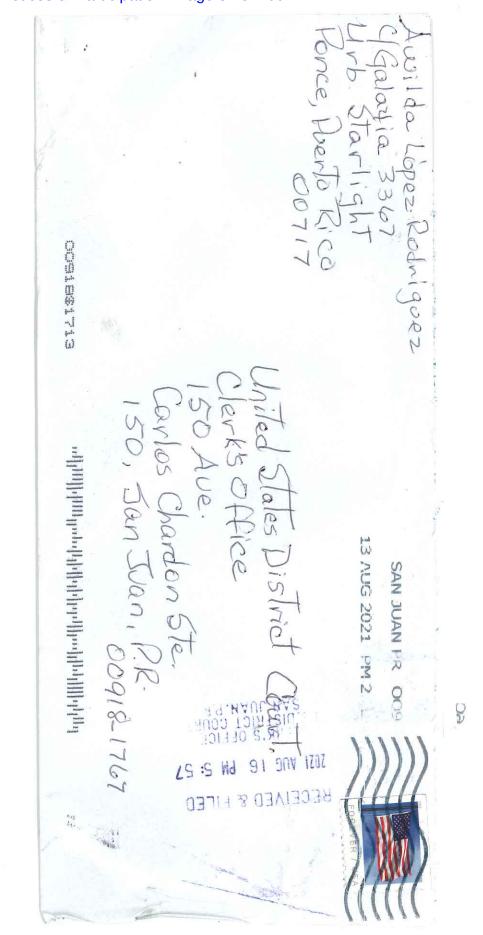
Jessica Isaac Calle 13 J-4

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### Case:17-03283-LTS Doc#:17864-1 Filed:08/17/21 Entered:08/17/21 13:04:46 Desc: Pro se Notices of Participation Page 80 of 109

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel,
if any:
Participant's Name: TWILDA LOPEZ Kodrigsez
Participant's Address: (Salaxia 3367 Urb Starlight Ponce
Participant's Email Address: Qwildalopez 74 Dgmail-Com
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 65374
Nature of Claim:
By: Chilch Topes Kodriguen
Signature
Awilda Lopez Rodriguez
Print Name
Title (if Destining the notion in the internal
Title (Il Participant is not an individual)
August 13 2021
Project Control of the Control of th
Date /



Case:17-03283-LTS Doc#:17864-1 Filed:08/17/21 Entered:08/17/21 13:04:46 Desc Pro se Notices of Participation Page 82 of 109

Participant must provide all of the information below in English:

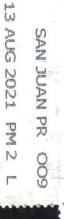
Participant must provide an or and that of its counsel,	
Participant must provide an or and that of its counsel,  Participant's contact information, including email address, and that of its counsel,	
if any:	
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cipant's Name: Do Boy 110 52 Cording P.R. 00984.	
cipant's Address:	
icipant's Email Address: taina basabi 81@gmail.com	
icipant's Email Address.	
ne of Counsel:	
lress of Counsel:	762.0
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ail Address of Counsel:  2. Participant's Claim number and the nature of Participant's Claim:	
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### Case:17-03283-LTS Doc#:17864-1 Filed:08/17/21 Entered:08/17/21 13:04:46 Desc Pro se Notices of Participation Page 84 of 109

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:	Irene L. NAZAGIO SEGARA
Participant's Address:	C.O. Box 1119 magninez Puento Rico 0066
Participant's Email Address:	
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
	No. 17 BK 3283 - CTS No. 17 BK 3283 - CTS
By: Une 9 Mazano Signature  Inene I N Print Name  Print Name  Print (if Participant is:  10 de agosto Date	not an individual)

LIMEN SURVINO United STATES 150 Que. Chalos Chandon STE SAN JUAN 18. B. B. 00918-17839 voluce Dishiel Gunt

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:
Participant's Name: Carmen V- Rodriguez Cintron
Participant's Address:  Rurque Muñoz Rivera J 5 E E 4 Villa Fontana Participant's Address:  Park, Caroling P. R. 00983 4510
Participant's Email Address: Vickyrod 25@ yahoo.com
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number:
Nature of Claim: Public Employee and Retiere Claim
By: Carmer V. Rodrigue Colors
Signature Company of the Signature Company of
Print Name
NO 17BK 3283-LTS 5
Title (if Participant is not an individual)
11 de agosto de 2021 Date

Parave Muñoz Rivera SEE4 Villa Fintana P.R DO983 Carolina P.R DO983

SAN JUAN PR 009

Durt's Clerk's Officer

United States District Court Clerk's

Office 150 Ave Carlos Chardon

Ste 150 San Tian P. D. 20018-1967

Ste 156 San Juan P. R. 00918-1967

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## Case:17-03283-LTS Doc#:17864-1 Filed:08/17/21 Entered:08/17/21 13:04:46 Desc: Pro se Notices of Participation Page 88 of 109

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:					
Participant's Name:			-113,00000 113,00000		
Participant's Address:	*	5 M 19		,	
Participant's Email Address:	The second secon	edve gee	=		
Name of Counsel:					
Address of Counsel:			E.		
Email Address of Counsel:		1			
2. Participant's C	laim number and the natu	ure of Participan	t's Claim:		
Claim Number:	55388			a	
Nature of Claim:	Salarios	Inpago	15。	350	
By: Jana Rulle	Seany	10	SAN AG		
Signature	Rivery Seary	being a	JESON TO SOME	80	
Print Name	sivery seary		N. P. COOL	the parent of	
			3 4	1 0	
Title (if Participant is r	not an individual)				
8 /13/20	21.				
Date					

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Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any: Participant's Name: Participant's Address: Participant's Email Address: Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: 2. Claim Number: Nature of Claim: By: Signature Title (if Participant is not an individual) Date

Milagros Olivencia Varsas 2412 Black Powder (n Kissimmee FL 34743

34743 United States Clerk's Office

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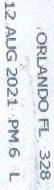
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Clerk's Office 150 Ave-Chardy's Ste. 150 San Juan, PR 00918-1767

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# Case:17-03283-LTS Doc#:17864-1 Filed:08/17/21 Entered:08/17/21 13:04:46 Desc: Pro se Notices of Participation Page 92 of 109

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

Participant's Name:  Participant's Address:  Participant's Email Address:  Participant's Email Address:  Name of Counsel:  Address of Counsel:  2. Participant's Claim number and the nature of Participant's Claim:  Claim Number:  Nature of Claim:  Daisy Rivera - Burgos  Palacios del Rio II, 796 Calle Iallaba, PR of PR	
Participant's Email Address:  Name of Counsel:  Address of Counsel:  2. Participant's Claim number and the nature of Participant's Claim:  Claim Number:  Nature of Claim:  Salgry raise not obtained	
Name of Counsel:  Address of Counsel:  Email Address of Counsel:  2. Participant's Claim number and the nature of Participant's Claim:  Claim Number:  Nature of Claim:  Salary raise not obtained	2095
Address of Counsel:  2. Participant's Claim number and the nature of Participant's Claim:  Claim Number:  Nature of Claim:  Salary raise not obtained	
Email Address of Counsel:  2. Participant's Claim number and the nature of Participant's Claim:  Claim Number:    100743	
2. Participant's Claim number and the nature of Participant's Claim:  Claim Number:  Nature of Claim:  Salary raise not obtained	-
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	<u> </u>
	- 87
By: Vaisy Kiven Durys  Signature  Daisy Riven Burgos	
Print Name	
Title (if Participant is not an individual)  13 agosto 2021  Date	9 5 7

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796 Calle Tallaboa
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United States District Court Clerk's Office 150 Ave. Carlos Chardon Ste. 150 San Juan, P.R. 00918-1767

### Case:17-03283-LTS Doc#:17864-1 Filed:08/17/21 Entered:08/17/21 13:04:46 Pro se Notices of Participation Page 94 of 109

Participant must provide all of the information below in English:

1.

Date

Participant's contact information, including email address, and that of its counsel, if any: ENRIQUE TORRES Roman 122 URG SAN RAFAEL ARECIGO P.R. 006/2 Participant's Name: Participant's Address: Participant's Email Address: Kike 8792 @ yahoo .com Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: Claim Number: The law Romenazs Nature of Claim: Title (if Participant is not an individual)

Enrique Torres Romain

13 AUG 2021 PM 2 SAN JUAN PR

United States District Court clerks office 150 ave. Carlos Chardon Stc San Juan, PR 00918-1767

## Case:17-03283-LTS Doc#:17864-1 Filed:08/17/21 Entered:08/17/21 13:04:46 Desc: Pro se Notices of Participation Page 96 of 109

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any: Carmen Julia Negron Kivera Participant's Name: Urb. Vista Alence Calle Dravideas 318 Villa lba, P. R. vones Participant's Address: Participant's Email Address: negron carmen 16 Name of Counsel: Address of Counsel: Email Address of Counsel: 2. Participant's Claim number and the nature of Participant's Claim: Claim Number: Nature of Claim: Title (if Participant is not an individual)

Carmen J. Negron Rivera Urb Vista A lagre Calle Orqui deas 318 Villalba, P. R. corre

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### Case:17-03283-LTS Doc#:17864-1 Filed:08/17/21 Entered:08/17/21 13:04:46 Desc Pro se Notices of Participation Page 98 of 109

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel.

1.

if any: Participant's Name: ista Alegre Calle Orguideas 318 Villalha P.R 00766 Participant's Address: Participant's Email Address: neavon carmen 16 a Name of Counsel: Address of Counsel: Email Address of Counsel: 2. Participant's Claim number and the nature of Participant's Claim: Claim Number: Nature of Claim: Title (if Participant is not an individual)

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Calle orquideas 318
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### Case:17-03283-LTS Doc#:17864-1 Filed:08/17/21 Entered:08/17/21 13:04:46 Desc Pro se Notices of Participation Page 100 of 109

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

ii aiiy.		
Participant's Name:  Participant's Address:  Participant's Email Address:    Al furas de Vega Beja	iras	
Participant's Address: Alturas de Vega Baja	2-11 Calle n Va	za Baja 1
Participant's Email Address: 1 yaelpadilla 21 @ guan	il.com	
Name of Counsel:	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	<u> </u>
Address of Counsel:		
Email Address of Counsel:	_	
2. Participant's Claim number and the nature of	Participant's Claim:	
Claim Number: <u>15395/</u>		
Nature of Claim: Pension / Refiree	2	1 = (1)
By: Ly Poolita Des Signature	SAN AUG	ECEIVE
Liz Y. Podila Oliveras Print Name	S OFFICE CO.	© &°
Title (if Participant is not an individual)	THE STATE OF THE S	
8/13/202/ Date		

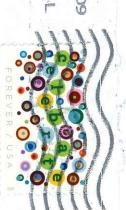
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### Case:17-03283-LTS Doc#:17864-1 Filed:08/17/21 Entered:08/17/21 13:04:46 Desc Pro se Notices of Participation Page 102 of 109

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:	Ernesto Luis Ortiz Ruiz	_
Participant's Address:	4505 Sec. Capilla, Cidra, Ruerto Rico 00	739
Participant's Email Address:	· · · · · · · · · · · · · · · · · · ·	_
Name of Counsel:		
Address of Counsel:		
Email Address of Counsel:	CANANA .	_
2. Participant's C	Claim number and the nature of Participant's Claim:	
Claim Number:	Case No. 17 BK 3283-LTS	
Nature of Claim:		<del>-</del>
By: $\frac{\mathcal{L}}{\text{Signature}} \mathcal{L}$		R OF IVED
Ernesto Luis Print Name	Orne hare	Rec Tr
Title (if Participant is	not an individual)	
Dayst 13,	2021	

4505 Sec. Capilla Cidra, Querto Rica 00739

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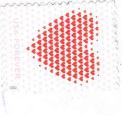
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## Case:17-03283-LTS Doc#:17864-1 Filed:08/17/21 Entered:08/17/21 13:04:46 Desc: Pro se Notices of Participation Page 104 of 109

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

if any:
Participant's Name: Si'lkig Vazguer Loper
Participant's Name:  Si'lkig Vazguer Loper  Participant's Address:  Pagadara 2 Calle Margarith 48
Participant's Email Address: Silkiaugrquez Dyahov. com
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: # 174951 (17 BK 3283 LTS)
Nature of Claim: Public Employee and Pension / Refiree
By: Signature Signature
Silkin Varquer Loper Print Name
Print Name
Title (if Participant is not an individual)
Deugust 14,2021
Date

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# Case:17-03283-LTS Doc#:17864-1 Filed:08/17/21 Entered:08/17/21 13:04:46 Desc: Pro se Notices of Participation Page 106 of 109

Participant's contact information, including email address, and that of its counsel,

Participant must provide all of the information below in English:

1.

if any:	
Participant's Name:	Sandra G. Torres Servano
Participant's Address:	Urb. Monte Brisas 584t. 5H24 c/s, Fajudo
Participant's Email Address:	Sandra 67 torres Camail. com 0673!
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's C	laim number and the nature of Participant's Claim:
Claim Number:  Nature of Claim:  By: Ancha M.  Signature  Sandra G.  Print Name  Title (if Participant is:  13/agos to /w  Date	18 4/7  Lablic Employel Pleneron / Retiral Claims  Loves Sevano  not an individual)

### Case:17-03283-LTS Doc#:17864-1 Filed:08/17/21 Entered:08/17/21 13:04:46 Desc Pro se Notices of Participation Page 108 of 109

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:	
Participant's Name: Kuth I. Gonzalez Ortiz	
Participant's Address: Barrow Park 2-K-13 - Celle Jose H. Soly Cago	111
Participant's Email Address: ruth-gonzalez (a)hotmail.com	10
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's Claim number and the nature of Participant's Claim:	
Claim Number: 1/2993	
Nature of Claim: Morey owed by the Government of P.R.  By: Jublic Employee and Pension Retiree Claims	S
Signature O  Ruth I. Gonzales Orts  Print Name	
Title (if Participant is not an individual)	
Aug. 13, 2021	
Date	

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